American Family Life Assurance Company

A-27000-CA

Tax Qualified.					
Maximum Policy Benefit Amounts	Elimination Periods				
 □ 1 Yr. □ 2 Yrs. □ 3 Yrs. □ 4 Yrs. □ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime ☑ See company's notes, pp 103-121 	✓ 0 days ☐ 60 days ☐ TYPE ☐ 20 days ☐ 90 days ☐ Calendar Day ☐ 30 days ☐ 100 days ✓ Service Day				
Nursing Home Daily Benefit Amounts	Inflation Protection				
\$100 minimum to \$200 maximum per [day, week or month] offered in increments of \$0. ✓ per day ☐ per week ☐ per month ☐ See notes, pp 103-121 ☐ Not Available	 ✓ 5% Compound ☐ Guaranteed Purchase Option ☐ 5% Simple ☐ See company's notes, pp 103-121 				
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts				
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.				
 ☐ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ 60% ☑ 50% ☐ See company's notes, pp 103-121 	☐ 100% ☐ 90% ☑ 80% ☐ 75% ☐ 70% ☐ See company's notes, pp 103-121				
Waiver of Premium					

Premiums waived only after 60 day confinement in nursing home, and only as long as nursing home benefit continues to be paid.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$516	\$1,428	Not Available	Not Available	Not Available	Not Available
55	\$744	\$1,812	Not Available	Not Available	Not Available	Not Available
60	\$936	\$2,124	Not Available	Not Available	Not Available	Not Available
65	\$1,404	\$2,784	Not Available	Not Available	Not Available	Not Available
70	\$0	\$0	Not Available	Not Available	Not Available	Not Available
75	\$0	\$0	Not Available	Not Available	Not Available	Not Available
80	\$0	\$0	Not Available	Not Available	Not Available	Not Available
Dofor	to Section 2 f	or information or	nromium inoro	acoc if any cine	1000 for this or	ompony

Bankers Life and Casualty Company

GR-N350

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit A		Elimination P	eriods			
✓ 1 Yr. ✓ 2 Yrs. ✓ 5 Yrs. ✓ 6 Yrs. ✓ See company's notes, pp 10	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 da✓ 90 da☐ 100 d	ys	TYPE ☐ Calendar Day ✓ Service Day
Nursing Home Daily Bene	fit Amounts		Inflation Prote	ection		
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.			_			d Purchase Option
✓ per day □ per week	per month		✓ 5% Simple	✓	See compa	any's notes, pp 103-
✓ See notes, pp 103-121	☐ Not Availa	ble				
Home Care Benefit Amou	ınts		Residential C	are Facil	ity Daily E	Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the Benefit Amount.		of the Nur	sing Home Daily
✓ 100% ☐ 90% ☐ 70% ☐ 60% ☐ See company's notes, pp 10	□ 80% ☑ 50% 03-121	□ 75%		☐ 90% ☐ See cor	☐ 80% npany's no	% ☐ 75% tes, pp 103-121

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$431	\$1,135	\$388	\$1,020	\$685	\$1,916
55	\$571	\$1,429	\$514	\$1,285	\$903	\$2,375
60	\$816	\$1,868	\$734	\$1,679	\$1,273	\$3,036
65	\$1,230	\$2,505	\$1,106	\$2,251	\$1,887	\$3,994
70	\$1,983	\$3,532	\$1,782	\$3,174	\$2,991	\$5,540
75	\$3,184	\$5,045	\$2,862	\$4,535	\$4,666	\$7,663
80	\$4,951	\$7,370	\$4,450	\$6,624	\$0	\$0

Berkshire Life Insurance Company of America

BGO1P(06/04)CA

This policy form is for Comprehensive Long-Term CTax Qualified.				This is an Ind	ividual type po	olicy and is cl	assified as
Maximum Policy Benefit Amounts				Elimination F	Periods		
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	☐ 2 Yrs. ☐ 6 Yrs. any's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days ☑ 90 days ☐ 100 days	☐ Ca	YPE alendar Day ervice Day
Nursing Hor	me Daily Bene	efit Amounts		Inflation Pro	tection		
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month ☐ See notes, pp 103-121 ☐ Not Available				✓ 5% Comp	_	aranteed Purc e company's n	•
Home Care	Benefit Amo	unts		Residential Care Facility Daily Benefit Amounts			it Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.				Represents the Benefit Amount	percentage of the	the Nursing H	ome Daily
✓ 100% ☐ 70% ☐ See compa	\square 90% \square 60% any's notes, pp 1	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See compa	☐ 80% ny's notes, pp	☐ 75% 0 103-121
Waiver of F	Premium						

Premiums due for the policy and any attached riders are waived after satisfaction of a 90-day waiting peirod for facility confinement. Any unearned premium is refunded on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$348	\$956	\$302	\$832	Not Available	Not Available
55	\$453	\$1,132	\$394	\$984	Not Available	Not Available
60	\$629	\$1,416	\$547	\$1,231	Not Available	Not Available
65	\$949	\$1,899	\$826	\$1,651	Not Available	Not Available
70	\$1,535	\$2,685	\$1,334	\$2,335	Not Available	Not Available
75	\$2,594	\$4,151	\$2,256	\$3,610	Not Available	Not Available
80	\$4,256	\$6,384	\$3,701	\$5,551	Not Available	Not Available

Combined Insurance Company of America

14785-CA

This policy form is for Comprehensive Long-Term Care. Tax Qualified.	This is an Individual type policy and is classified as
Maximum Policy Benefit Amounts	Elimination Periods
✓ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs. ☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime ☐ See company's notes, pp 103-121	□ 0 days ✓ 60 days □ 20 days ✓ 90 days ☑ 30 days □ 100 days TYPE Calendar Day Service Day
Nursing Home Daily Benefit Amounts	Inflation Protection
\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month	✓ 5% Compound ☐ Guaranteed Purchase Option ☐ 5% Simple ☐ See company's notes, pp 103- 121
☐ See notes, pp 103-121 ☐ Not Available	
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.
 ✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ 60% ✓ 50% ☐ See company's notes, pp 103-121 	✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ See company's notes, pp 103-121
Waiver of Premium	

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Premiums are waived after benefits have been paid for (90) consecutive days.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$460	\$1,120	\$400	\$980	\$640	\$1,560
55	\$620	\$1,430	\$540	\$1,250	\$860	\$2,000
60	\$890	\$1,910	\$780	\$1,670	\$1,250	\$2,680
65	\$1,390	\$2,640	\$1,220	\$2,320	\$1,890	\$3,580
70	\$2,270	\$3,810	\$1,990	\$3,340	\$2,900	\$4,870
75	\$3,920	\$6,040	\$3,440	\$5,300	\$5,150	\$7,930
80	\$6,370	\$9,170	\$5,590	\$8,050	\$8,310	\$11,970

CUNA Mutual Life Insurance Company

2002-LTC-COMP(CA)

☐ See company's notes, pp 103-121

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ✓ 60 days TYPE ☐ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$500 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% 75%

Waiver of Premium

60%

✓ See company's notes, pp 103-121

✓ 50%

70%

During a period of care, premiums are waived on monthly basis if: 1) certified as chronically ill; 2) have plan of care; 3) satisfied elimination period; & 4) receiving benefits. Surviving spouse/partner waiver waives prems. if have identical policies.

□ 70%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$381	\$994	\$340	\$887	\$640	\$1,670
55	\$504	\$1,210	\$450	\$1,080	\$820	\$1,968
60	\$750	\$1,576	\$670	\$1,407	\$1,240	\$2,604
65	\$1,109	\$2,096	\$990	\$1,871	\$1,840	\$3,478
70	\$1,758	\$2,901	\$1,570	\$2,591	\$2,910	\$4,802
75	\$2,778	\$3,972	\$2,480	\$3,546	\$4,510	\$6,449
80	\$4,592	\$5,924	\$4,100	\$5,289	\$7,470	\$9,636

Genworth Life Insurance Company

Policy Premiums will be waived after satisfying the Elimination Period

7035AX Rev

This policy form is for Comprehensive Long-Term Ca Tax Qualified.			ong-Term Care.	. This is an Indi	vidual type policy	/ and is classified as
Maximum Policy Benefit Amounts				Elimination P	Periods	
☐ 1 Yr. ☐ 5 Yrs. ☐ See compa	☐ 2 Yrs. ☐ 6 Yrs. Iny's notes, pp 1	☐ 3 Yrs. ☐ 7 Yrs. 03-121	☐ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ✓ Calendar Day ✓ Service Day
Nursing Hor	ne Daily Bene	efit Amounts		Inflation Prot	tection	
\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. per day per week per month See notes, pp 103-121 Not Available				✓ 5% Compo	_	nteed Purchase Option mpany's notes, pp 103-
Home Care	Benefit Amo	unts		Residential C	Care Facility Dai	ily Benefit Amounts
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	lome Daily	Represents the Benefit Amount	,	Nursing Home Daily
·	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	_	80%
Waiver of P	remium					

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$689	\$1,432	\$570	\$1,191	\$842	\$2,107
55	\$826	\$1,597	\$656	\$1,300	\$1,029	\$2,561
60	\$1,184	\$2,020	\$944	\$1,623	\$1,409	\$2,974
65	\$1,689	\$2,745	\$1,374	\$2,307	\$2,066	\$4,048
70	\$2,708	\$4,085	\$2,286	\$3,654	\$3,345	\$5,561
75	\$4,572	\$6,600	\$3,941	\$6,114	\$5,500	\$8,740
80	\$0	\$0	\$0	\$0	\$0	\$0

Great American Life Insurance Company

1LTCIP0001 (CA)

☐ See company's notes, pp 103-121

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ✓ 0 days ✓ 60 days TYPE ✓ 20 days ✓ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days □ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$250 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% **✓** 80% 75% **✓** 100% 90% 80% 75%

Waiver of Premium

60%

☐ See company's notes, pp 103-121

✓ 50%

70%

We will waive any premium that becomes due after 12 days of covered Qualified Long Term Care services are provided during a Plan of Care. Days when covered services are received which are used to satisfy the Elimination Period can be used to satisfy the qualifications for this benefit. We will also refund the pro-rata portion of any premium You have paid for the period You qualify for waiver of premium. * Also have Dual Waiver of Premium as an Optional Rider.

□ 70%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$518	\$1,083	\$448	\$937	\$747	\$1,561
55	\$643	\$1,280	\$556	\$1,107	\$913	\$1,817
60	\$893	\$1,714	\$772	\$1,482	\$1,278	\$2,454
65	\$1,296	\$2,385	\$1,121	\$2,062	\$1,801	\$3,314
70	\$1,987	\$3,398	\$1,718	\$2,938	\$2,739	\$4,684
75	\$3,466	\$5,302	\$2,996	\$4,584	\$4,764	\$7,289
80	\$5,549	\$7,713	\$4,797	\$6,668	\$7,561	\$10,510

John Hancock Life Insurance Company

LTC-06 CA

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ✓ 60 days TYPE ☐ 20 days ✓ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ✓ Lifetime ✓ Calendar Day ✓ See company's notes, pp 103-121 ✓ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$100 minimum to \$500 maximum per [day, week or ☐ Guaranteed Purchase Option month] offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 ✓ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% **✓** 70% 60% 50% **✓** 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	Day Elimination	on Period.	Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$542	\$1,275	\$434	\$1,020	\$723	\$2,142
55	\$638	\$1,541	\$510	\$1,233	\$918	\$2,474
60	\$861	\$1,902	\$689	\$1,522	\$1,250	\$2,958
65	\$1,307	\$2,444	\$1,046	\$1,955	\$1,913	\$3,723
70	\$2,072	\$3,538	\$1,658	\$2,831	\$3,137	\$5,304
75	\$3,793	\$5,546	\$3,035	\$4,437	\$5,228	\$7,871
80	\$6,981	\$9,254	\$5,585	\$7,404	\$0	\$0

Life Investors Insurance Company of America

LI 1-FP (CA) 1001

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Description Description** Description**

**This is an Individual type policy and is classified as Tax Qualified.

**This is an Individual type policy and is classified as Tax Qualified.

Maximum F	Policy Benefit	t Amounts		Elimination Periods				
☐ 1 Yr. ✓ 5 Yrs. ✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. any's notes, pp	✓ 3 Yrs. □ 7 Yrs. 103-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 days✓ 90 days☐ 100 day		TYPE Calendar Day Service Day	
Nursing Hor	me Daily Ben	efit Amounts	8	Inflation Pro	tection			
	n to \$300 maxim rements of \$10. per week		th	✓ 5% Comp		ee company's	rchase Option notes, pp 103-	
	Benefit Am		lable	Residential	Care Facility	/ Daily Bene	efit Amounts	
Represents the Benefit Amou	he percentage o	of the Nursing	Home Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100% ✓ 70%	⊻ 90% ⊻ 60%	✓ 80% ✓ 50%	✓ 75%	⊻ 100% ⊻ 70%	✓ 90%✓ See comp	✓ 80% pany's notes, p	✓ 75% op 103-121	

Waiver of Premium

✓ See company's notes, pp 103-121

Waiver available for NF, RCF, HHC w/ prem waived for life if NF-confined for 180 consec. days. Joint Waiver (spouse prem waived while insured NF-confined) and Survivorship (sps. prem waived for life upon death of insured) available to couples at add'l premium.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$584	\$1,670	\$479	\$1,372	\$988	\$2,827
55	\$742	\$1,976	\$609	\$1,622	\$1,147	\$3,054
60	\$920	\$2,213	\$755	\$1,818	\$1,552	\$3,735
65	\$1,296	\$2,720	\$1,064	\$2,234	\$2,328	\$4,887
70	\$2,027	\$3,653	\$1,665	\$3,001	\$3,686	\$6,643
75	\$3,412	\$5,304	\$2,803	\$4,356	\$6,702	\$10,419
80	\$0	\$0	\$4,760	\$6,598	\$0	\$0

Massachusetts Mutual Life Insurance Company

MM-400-P-CA

Tax Qualified	d.						
Maximum P	olicy Benefit A	Amounts		Elimination P	Periods		
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	✓ 0 days	□ 60	days	TYPE
✓ 5 Yrs.	✓ 6 Yrs.	☐ 7 Yrs.	✓ Lifetime	☐ 20 days	✓ 90	days	\square Calendar Day
✓ See compa	ny's notes, pp 10)3-121		☑ 30 days	□ 100	0 days	\square Service Day
Nursing Hon	ne Daily Bene	fit Amounts		Inflation Prot	ection		
	to \$300 maximu ements of \$10.	m per [day, we	eek or month]	✓ 5% Compo	ound	☐ Guarantee	d Purchase Option
✓ per day	per week	per month		✓ 5% Simple		☐ See company's notes, pp 103-	
See notes, p	p 103-121	☐ Not Availa	ble			121	
Home Care	Benefit Amou	ınts		Residential C	Care Fa	cility Daily B	Benefit Amounts
Represents th Benefit Amou	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount.	•	age of the Nur	rsing Home Daily
✓ 100%	□ 90%	□ 80%	□ 75%	✓ 100%	□ 90%	□ 80%	% □ 7 5%
□ 70%	□ 60%	□ 50%		□ 70%	☐ See o	company's no	tes, pp 103-121
□ See compa	ny's notes, pp 10	03-121					

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 calendar day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends. (7 calendar days counted for one or more days of confinement during a 7-day period)

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	Day Elimination	on Period.	Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$380	\$1,046	\$331	\$910	\$525	\$1,444
55	\$462	\$1,155	\$402	\$1,004	\$638	\$1,594
60	\$652	\$1,467	\$567	\$1,276	\$900	\$2,025
65	\$897	\$1,793	\$780	\$1,559	\$1,238	\$2,475
70	\$1,467	\$2,567	\$1,276	\$2,233	\$2,025	\$3,544
75	\$2,245	\$3,912	\$2,126	\$3,402	\$3,375	\$5,400
80	\$4,238	\$6,357	\$3,686	\$5,528	\$5,850	\$8,775

Metropolitan Life Insurance Company

LTC2-IDEAL-CA

This policy for Tax Qualified		rehensive Lo	ng-Term Care.	This is an Indi	vidual t	ype policy an	d is cla	ssified as	
Maximum P	olicy Benefit A	Amounts		Elimination P	eriods				
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ✓ 7 Yrs. 3-121	✓ 4 Yrs. ✓ Lifetime	□ 0 days✓ 20 days□ 30 days	□ 90	days days 0 days	☐ Cale	PE endar Day vice Day	
Nursing Hom	ne Daily Benef	fit Amounts		Inflation Prot	ection				
	to \$400 maximulements of \$10. \Box per week	m per [day, we ✓ per month	_	✓ 5% Compound✓ 5% Simple		✓ Guaranteed Purchase Option☐ See company's notes, pp 103-			
✓ See notes, pp	103-121	☐ Not Availal	ole			121			
Home Care	Benefit Amou	nts		Residential C	Care Fa	acility Daily B	3enefit	Amounts	
Represents th Benefit Amour	e percentage of a	the Nursing Ho	ome Daily	Represents the Benefit Amount.	•	age of the Nur	sing Ho	me Daily	
✓ 100%☐ 70%☐ See compa	□ 90% □ 60% ny's notes, pp 10	□ 80% ☑ 50% 03-121	✓ 75%	✓ 100% □ 70%	□ 90% ✓ See	company's no		☑ 75% 103-121	
Waiver of P	remium								
Takes effect u	es effect upon benefit eligibility(after elimination period is satisfied)								

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	Day Elimination	on Period.	Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$615	\$1,391	\$534	\$1,210	\$9,849	\$2,412
55	\$677	\$1,502	\$589	\$1,306	\$1,100	\$2,618
60	\$955	\$1,871	\$830	\$1,627	\$1,538	\$3,343
65	\$1,415	\$2,523	\$1,231	\$2,194	\$2,288	\$4,444
70	\$2,320	\$3,798	\$2,018	\$3,303	\$3,732	\$6,403
75	\$4,059	\$6,111	\$3,530	\$5,314	\$6,407	\$9,939
80	\$6,672	\$9,569	\$5,802	\$8,321	\$10,311	\$15,121

Metropolitan Life Insurance Company

LTC2-PREM-CA

Tax Qualified	•	rehensive Lo	ng-Term Care.	This is an Indi	vidual type	policy an	id is cla	assified as
Maximum P	olicy Benefit A	Amounts		Elimination P	eriods			
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ✓ 7 Yrs. 03-121	✓ 4 Yrs. □ Lifetime	☐ 0 days ☑ 20 days ☐ 30 days	☐ 60 days☐ 90 days✓ 100 days	3	✓ Cal	<u>PE</u> endar Day vice Day
Nursing Hon	ne Daily Bene	fit Amounts		Inflation Prot	ection			
\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. If per day			•	✓ 5% Compo	□s			ase Option otes, pp 103-
Home Care	Benefit Amou	ınts		Residential C	Care Facility	y Daily E	3enefit	Amounts
Represents th Benefit Amour	e percentage of nt.	the Nursing Ho	ome Daily	Represents the Benefit Amount.		of the Nur	sing Ho	me Daily
	☐ 90% ☐ 60% ny's notes, pp 10	□ 80% ☑ 50% 03-121	✓ 75%	⊻ 100% □ 70%	☐ 90% ✓ See comp	□ 80% cany's no		□ 75% 103-121
Waiver of P	remium							

Takes effect upon benefit eligibility(after elimination period is satisfied)

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			nation Period.	Day Elimin	on Period.	Day Elimination Period.		
t	Benefit	Lifetime	m Policy Benefit	3 Year Maximu	3 Year Maximum Policy Benefit			
tion	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	Issue Age	
ailable	Not Avail	Not Available	\$1,977	\$810	\$2,273	\$931	50	
ailable	Not Avail	Not Available	\$2,137	\$903	\$2,457	\$1,039	55	
ailable	Not Avail	Not Available	\$2,645	\$1,270	\$3,042	\$1,460	60	
ailable	Not Avail	Not Available	\$3,538	\$1,872	\$4,069	\$2,153	65	
ailable	Not Avail	Not Available	\$5,278	\$3,057	\$6,070	\$3,515	70	
ailable	Not Avail	Not Available	\$8,423	\$5,369	\$9,686	\$6,174	75	
ailable	Not Avail	Not Available	\$12,846	\$8,697	\$14,772	\$10,002	80	
7:	Not Av Not Av Not Av Not Av Not Av Not Av	Protection Not Available Not Available Not Available Not Available Not Available Not Available	\$1,977 \$2,137 \$2,645 \$3,538 \$5,278 \$8,423	\$1,270 \$1,872 \$3,057 \$5,369	\$2,273 \$2,457 \$3,042 \$4,069 \$6,070 \$9,686	\$931 \$1,039 \$1,460 \$2,153 \$3,515 \$6,174	50 55 60 65 70 75	

Metropolitan Life Insurance Company

LTC2-VAL-CA

This policy for Tax Qualified	orm is for Comp d.	orehensive Lo	ong-Term Care.	. This is an Ind	lividual	type policy	and is o	classified as	
Maximum F	Policy Benefit	Amounts		Elimination I	Periods	6			
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. any's notes, pp 1	✓ 3 Yrs. ✓ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	☐ 0 days ☑ 20 days ☐ 30 days	☐ 90	0 days 0 days 00 days	☐ C	TYPE alendar Day ervice Day	
Nursing Hor	me Daily Bene	fit Amounts		Inflation Pro	tection	1			
	to \$400 maximurements of \$10.	eek or month]	✓ 5% Compound✓ 5% Simple		✓ Guaranteed Purchase Option ☐ See company's notes, pp 103-				
☐ See notes, p	p 103-121	☐ Not Availa	able			121			
Home Care	Benefit Amou	unts		Residential	Care F	acility Dail	y Bene	fit Amounts	
Represents the Benefit Amou	ne percentage of int.	the Nursing H	ome Daily	Represents the Benefit Amoun	•	tage of the N	Nursing H	Home Daily	
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 03-121	⊻ 75%	✓ 100% □ 70%	☐ 90% ☑ See	6 □ 8 e company's	30% notes, p _l	✓ 75% p 103-121	
Waiver of P	aiver of Premium								
Takes effect u	es effect upon benefit eligilbity (after elimination period is satisfied).								

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	Day Elimination	on Period.	Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$541	\$1,316	\$471	\$1,145	\$871	\$2,309
55	\$594	\$1,422	\$517	\$1,236	\$973	\$2,505
60	\$841	\$1,772	\$731	\$1,541	\$1,366	\$3,202
65	\$1,252	\$2,313	\$1,089	\$2,081	\$2,046	\$4,262
70	\$2,071	\$3,610	\$1,801	\$3,139	\$3,370	\$6,150
75	\$3,676	\$5,818	\$3,196	\$5,060	\$5,870	\$9,562
80	\$6,153	\$9,148	\$5,350	\$7,955	\$9,611	\$14,596

Monumental Life Insurance Company

MLC 1-FP (CA)1001

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days ✓ 60 days TYPE ✓ 20 days ☐ 90 days ✓ 5 Yrs. ✓ 6 Yrs ✓ 7 Yrs. ✓ Lifetime ☐ Calendar Day ✓ See company's notes, pp 103-121 ☐ 30 days ✓ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$400 maximum per [day, week or month] ✓ Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% **✓** 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121 Waiver of Premium

Lifetime WP if in NH 180 days; Joint WP and Survivorship WP are available at extra cost.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	100** Day Elir	mination Period.	100** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$540	\$1,562	\$421	\$1,217	\$898	\$2,596
55	\$687	\$1,849	\$536	\$1,441	\$1,043	\$2,804
60	\$852	\$2,070	\$664	\$1,613	\$1,411	\$3,430
65	\$1,200	\$2,544	\$935	\$1,982	\$2,117	\$4,489
70	\$1,878	\$3,418	\$1,463	\$2,663	\$3,352	\$6,101
75	\$3,161	\$4,962	\$2,463	\$3,866	\$6,095	\$9,569
80	\$0	\$0	\$4,183	\$5,856	\$0	\$0

Mutual of Omaha Insurance Company

LCAQ-20321

☐ See company's notes, pp 103-121

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. 4 Yrs ✓ 0 days ☐ 60 days TYPE ✓ Lifetime ✓ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$40 minimum to \$300 maximum per [day, week or month] ✓ Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75%

Waiver of Premium

60%

☐ See company's notes, pp 103-121

✓ 50%

70%

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days

□ 70%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$449	\$1,387	\$378	\$1,168	\$631	\$1,950
55	\$698	\$1,767	\$586	\$1,482	\$923	\$2,335
60	\$1,004	\$2,129	\$840	\$1,781	\$1,242	\$2,633
65	\$1,416	\$2,563	\$1,186	\$2,146	\$1,693	\$3,065
70	\$2,173	\$3,629	\$1,789	\$2,988	\$2,512	\$4,194
75	\$3,756	\$6,085	\$3,062	\$4,961	\$4,248	\$6,882
80	\$0	\$0	\$5,303	\$7,583	\$7,514	\$10,746

New York Life Insurance Company

ILTC-5000(CA)(1001)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ☐ 60 days TYPE ✓ 20 days ✓ 5 Yrs. 6 Yrs ✓ 7 Yrs. ✓ Lifetime ☐ Calendar Day ✓ See company's notes, pp 103-121 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$400 maximum per [day, week or month] ✓ Guaranteed Purchase Option offered in increments of \$1. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% **✓** 90% **✓** 80% 75% **✓** 100% 90% 80% 75% **✓** 70% **✓** 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121 Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	Day Elimination	on Period.	Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$493	\$1,581	\$338	\$1,083	\$589	\$1,955
55	\$740	\$2,083	\$507	\$1,427	\$873	\$2,550
60	\$1,020	\$2,521	\$698	\$1,727	\$1,188	\$3,052
65	\$1,509	\$3,235	\$1,033	\$2,215	\$1,734	\$3,870
70	\$2,303	\$4,303	\$1,578	\$2,947	\$2,616	\$5,113
75	\$3,985	\$6,489	\$2,730	\$4,444	\$4,517	\$7,697
80	\$0	\$0	\$0	\$0	\$0	\$0

Northwestern Long Term Care Insurance Company

RS.LTC.(1101)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. 4 Yrs ☐ 0 days ☐ 60 days TYPE ☐ 20 days ✓ Lifetime ☐ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] ✓ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121

Waiver of Premium

Premiums will be waived when there are 91 days on which Qualifying Expenses are incurred OR the Elimination Period is met, if sooner.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	45* Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$641	\$2,345	\$557	\$2,038	\$809	\$3,182
55	\$789	\$2,504	\$686	\$2,176	\$1,004	\$3,384
60	\$1,042	\$2,826	\$906	\$2,457	\$1,330	\$3,768
65	\$1,424	\$3,306	\$1,238	\$2,874	\$1,819	\$4,365
70	\$2,261	\$4,505	\$1,966	\$3,917	\$2,887	\$5,895
75	\$3,726	\$6,429	\$3,240	\$5,591	\$4,733	\$8,337
80	\$0	\$0	\$0	\$0	\$0	\$0

Penn Treaty Network America Life Insurance Company

PF3-TQ-P(CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Po	aximum Policy Benefit Amounts			Elimination Pe	eriods			
	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ✓ 7 Yrs. 03-121	✓ 4 Yrs. ☐ Lifetime	✓ 0 days✓ 20 days✓ 30 days	✓ 60 €✓ 90 €✓ 100	days		PE ndar Day ice Day
lursing Home Daily Benefit Amounts				Inflation Prote	ection			
\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. Per day per week per month See notes, pp 103-121 Not Available				✓ 5% Compou		☐ Guarantee ☑ See compa 121		•
Home Care	Benefit Amou	ınts		Residential C	are Fa	cility Daily E	Benefit	Amounts
Represents the Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the p Benefit Amount.	ercenta	ge of the Nur	sing Hor	ne Daily
✓ 100%☐ 70%☐ See compar	□ 90% □ 60% ny's notes, pp 10	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	□ 90% □ See c	☐ 80% company's no	•	□ 75% 03-121

Waiver of Premium

If benefits are received for 90 continuous day for confinement to a Nursing Facility or Residential Care Facility and/or for Homemaker Services, Home Health Care, Personal Care, Adult Day Care or Hospice Services on a regular basis, (a regular basis is five days or more per week), we will waive the payment of premiums for the Policy and any attached riders.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	100** Day Elir	mination Period.	100** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$509	\$1,104	\$482	\$1,047	\$774	\$1,547
55	\$605	\$1,238	\$573	\$1,174	\$910	\$1,775
60	\$835	\$1,565	\$792	\$1,483	\$1,219	\$2,339
65	\$1,200	\$2,131	\$1,138	\$2,020	\$1,784	\$3,294
70	\$1,882	\$3,149	\$1,784	\$2,985	\$2,839	\$4,841
75	\$3,322	\$5,107	\$3,149	\$4,841	\$5,023	\$8,108
80	\$6,499	\$9,034	\$6,161	\$8,563	\$10,065	\$14,970

Pennsylvania Life Insur	ennsylvania Life Insurance Company					P34 CA	(Rev 1/02
This policy form is for Comp Tax Qualified.	orehensive Lo	ong-Term Care.	This is an Indi	vidual	type policy	and is cl	assified as
Maximum Policy Benefit		Elimination Periods					
□ 1 Yr. □ 2 Yrs. □ 5 Yrs. □ 6 Yrs. ☑ See company's notes, pp 10	☐ 3 Yrs. ☐ 7 Yrs. 03-121	☐ 4 Yrs. ✓ Lifetime	✓ 0 days✓ 20 days☐ 30 days	✓ 90) days) days)0 days	✓ Ca	YPE lendar Day rvice Day
Nursing Home Daily Bene	fit Amounts		Inflation Prot	ection			
\$50 minimum to \$300 maximu offered in increments of \$25. ✓ per day □ per week	ım per [day, w ☐ per month	-	_			ranteed Purchase Option company's notes, pp 103-	
See notes, pp 103-121	☐ Not Availa	able	121				
Home Care Benefit Amounts			Residential Care Facility Daily Benefit Amounts				it Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the Benefit Amount.	•	tage of the N	lursing H	ome Daily
√ 100% □ 90%	80%	75%	1 00%	□ an∘/		20%	75%

Waiver of Premium

☐ 70%

□ 60%

☐ See company's notes, pp 103-121

☐ 50%

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

□ 70%

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 \	Year Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	\$304	\$617
55	Not Available	Not Available	Not Available	Not Available	\$332	\$674
60	Not Available	Not Available	Not Available	Not Available	\$443	\$837
65	Not Available	Not Available	Not Available	Not Available	\$753	\$1,288
70	Not Available	Not Available	Not Available	Not Available	\$1,273	\$1,973
75	Not Available	Not Available	Not Available	Not Available	\$2,053	\$2,915
80	Not Available	Not Available	Not Available	Not Available	\$3,407	\$4,634

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

57

☐ See company's notes, pp 103-121

Physicians Mutual Insurance Company

P146CA

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days TYPE ✓ 60 days ☐ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ✓ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days □ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$1500 minimum to \$12000 maximum per [day, week or ✓ Guaranteed Purchase Option month] offered in increments of \$100. ✓ 5% Simple ☐ See company's notes, pp 103per day per week ✓ per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121

Waiver of Premium

We waive premium 180 calendar days after eligible for benefits. This applys to both Facility Care and Home and Community Care and does not require any out of pocket expense.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimin	nation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$573	\$1,438	\$490	\$1,229	\$803	\$2,360
55	\$725	\$1,681	\$619	\$1,437	\$1,015	\$2,751
60	\$976	\$2,099	\$834	\$1,794	\$1,368	\$3,365
65	\$1,413	\$2,699	\$1,208	\$2,307	\$1,980	\$4,336
70	\$2,292	\$3,919	\$1,959	\$3,350	\$3,211	\$5,973
75	\$4,036	\$6,256	\$3,450	\$5,347	\$5,656	\$9,275
80	\$5,889	\$8,539	\$5,033	\$7,298	\$8,251	\$12,377

State Farm Mutual Automobile Insurance Company

not be seperated by more than 15 consecutive days.

97058CA.1

Tax Qualifie	d.					
Maximum F	Policy Benefit	Amounts		Elimination Periods		
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	☐ 4 Yrs.	☐ 0 days	☐ 60 days	TYPE
✓ 5 Yrs.✓ See compa	☐ 6 Yrs. any's notes, pp 1	☐ 7 Yrs. 03-121	✓ Lifetime	☐ 20 days ☑ 30 days	⊻ 90 days □ 100 days	□ Calendar Day □ Service Day
Nursing Home Daily Benefit Amounts				Inflation Pro	otection	
\$75 minimum to \$400 maximum per [day, week or month] offered in increments of \$25.			eek or month]	✓ 5% Comp	ound 🗌 Guaran	nteed Purchase Option
✓ per day □ per week □ per month		า	✓ 5% Simpl		☐ See company's notes, pp 103- 121	
See notes, p	p 103-121	☐ Not Availa	able		121	
Home Care	e Benefit Amo	unts		Residential	Care Facility Dai	ily Benefit Amounts
Represents the Benefit Amou	he percentage of int.	f the Nursing H	lome Daily	Represents the Benefit Amoun		Nursing Home Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 03-121	□ 75%	⊻ 100% □ 70%		80%
Waiver of F	Premium					

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Premiums are waived after 90 days of Qualified LTC Services. The days do not have to be consecutive but they can

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$401	\$992	\$373	\$918	\$624	\$1,426
55	\$521	\$1,168	\$473	\$1,078	\$817	\$1,715
60	\$736	\$1,467	\$665	\$1,348	\$1,165	\$2,246
65	\$1,052	\$1,912	\$948	\$1,740	\$1,680	\$3,024
70	\$1,875	\$2,976	\$1,682	\$2,692	\$2,883	\$4,643
75	\$3,090	\$4,607	\$2,737	\$4,116	\$4,820	\$7,046
80	\$5,529	\$7,433	\$4,804	\$6,518	\$8,279	\$11,167

The State Life Insurance Company

consecutive.

S-6000-P-3-CA

This policy form is for Comprehensive Long-Term Care. Tax Qualified.	This is an Individual type policy and is classified as		
Maximum Policy Benefit Amounts	Elimination Periods		
 ☐ 1 Yr. ☐ 2 Yrs. ☑ 3 Yrs. ☐ 4 Yrs. ☑ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☑ Lifetime ☐ See company's notes, pp 103-121 	 ✓ 0 days ☐ 20 days ✓ 90 days ☐ Calendar Day ✓ 30 days ☐ 100 days ✓ Service Day 		
Nursing Home Daily Benefit Amounts	Inflation Protection		
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.	✓ 5% Compound ☐ Guaranteed Purchase Option		
✓ per day □ per week □ per month	✓ 5% Simple ✓ See company's notes, pp 103-		
☐ See notes, pp 103-121 ☐ Not Available	121		
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts		
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.		
✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ 60% ☐ 50% ☐ See company's notes, pp 103-121	✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ See company's notes, pp 103-121		
Waiver of Premium			

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Provided after confinement in a nuring facility or residential care facility for a period of 90 days, days need not be

Day Elimination Period.			Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$315	\$789	\$263	\$658	\$405	\$1,012
55	\$421	\$947	\$351	\$789	\$540	\$1,215
60	\$561	\$1,123	\$468	\$936	\$720	\$1,440
65	\$912	\$1,642	\$760	\$1,368	\$1,170	\$2,106
70	\$1,509	\$2,490	\$1,257	\$2,075	\$1,935	\$3,192
75	\$2,281	\$3,422	\$1,901	\$2,851	\$2,925	\$4,387
80	\$4,036	\$5,651	\$3,363	\$4,709	\$5,175	\$7,245

Unum Life Insurance Company of America

Elimination Period will be refunded.

LTC99PQ3

This policy for Tax Qualified	-	orehensive Lo	ong-Term Care	. This is an Indi	vidual typ	e policy ar	nd is cla	assified as
Maximum P	olicy Benefit A	Amounts		Elimination P	eriods			
☐ 1 Yr. ✓ 5 Yrs. ☐ See compar	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	□ 0 days✓ 20 days✓ 30 days	✓ 60 da✓ 90 da☐ 100 da	iys	☐ Cal	(PE endar Day rvice Day
Nursing Hom	ne Daily Bene	fit Amounts		Inflation Prot	ection			
month] offered ☐ per day ☐ See notes, pr	im to \$8000 max d in increments of per week of 103-121	of \$100. ✓ per month ☐ Not Availa	1	✓ 5% Compo		See compa	any's no	nase Option otes, pp 103-
Home Care	Benefit Amou	unts		Residential C	Care Faci	lity Daily I	Benefi	t Amounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount		e of the Nui	rsing Ho	me Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☑ 60% ny's notes, pp 10	№ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See co	☐ 80 ⁰ mpany's no		☐ 75% 103-121
Waiver of P	remium							
After satisfacti	ion of the Elimina	ation Period ar	nd receiving ben	efits, premium wil	l be waived	d. Premium	n paid fo	or the

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$425	\$1,059	\$354	\$882	\$677	\$1,685	
55	\$521	\$1,158	\$425	\$965	\$812	\$1,803	
60	\$745	\$1,445	\$621	\$1,204	\$1,124	\$2,181	
65	\$1,166	\$2,029	\$972	\$1,691	\$1,691	\$2,943	
70	\$1,879	\$2,932	\$1,566	\$2,443	\$2,695	\$4,205	
75	\$3,110	\$4,354	\$2,591	\$3,628	\$4,406	\$6,168	
80	\$0	\$0	\$4,106	\$5,296	\$6,921	\$8,928	

Unum Life Insurance Company of America

Elimination Period will be refunded.

LTC99TQ3

Tax Qualified		renensive LC	ng-reim Care	. This is an inc	Jividuai t	ype policy ar	iu is cias	silleu as
Maximum P	olicy Benefit	Amounts		Elimination	Periods			
☐ 1 Yr. ✓ 5 Yrs. ☐ See compar	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☑ 20 days ☑ 30 days	✓ 90	days days days	TYP ☐ Caler ✓ Servi	ndar Day
Nursing Hom	ne Daily Bene	fit Amounts		Inflation Pro	otection			
	Im to \$8000 max d in increments o ☐ per week o 103-121	y, week or I Ible	✓ 5% Comp		☐ Guarantee ☐ See comp 121		•	
Home Care	Benefit Amou	unts		Residential	Care Fa	acility Daily	Benefit /	Amounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amour	•	age of the Nu	rsing Hom	ne Daily
·	☐ 90% ☑ 60% ny's notes, pp 1	✓ 80% ☐ 50% 03-121	□ 75%	✓ 100% □ 70%	□ 90% □ See	company's no		□ 75% 03-121
Waiver of P	remium							

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

After satisfaction of the Elimination Period and receiving benefits, premium will be waived. Premium paid for the

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection No Inflation Protection		With 5% Inflation Protection	
50	\$675	\$1,682	\$563	\$1,402	\$1,169	\$2,912	
55	\$865	\$1,920	\$721	\$1,600	\$1,496	\$3,321	
60	\$1,283	\$2,488	\$1,069	\$2,074	\$2,213	\$4,294	
65	\$2,026	\$3,524	\$1,688	\$2,937	\$3,498	\$6,087	
70	\$3,060	\$4,774	\$2,550	\$3,978	\$5,324	\$8,305	
75	\$4,767	\$6,674	\$3,973	\$5,562	\$8,346	\$11,685	
80	\$0	\$0	\$5,860	\$7,560	\$12,510	\$16,138	

Bankers Life and Casualty Company

Maximum Daliay Danafit Ama

GR-N380

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum F	olicy benefit i	Amounts		Elimination F	enous			
✓ 1 Yr. ✓ 5 Yrs. ✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	⊻ 60 d ⊻ 90 d □ 100	ays	TYPE ☐ Calenda ✓ Service	•
Nursing Hom	ne Daily Bene	fit Amounts		Inflation Pro	tection			
\$50 minimum to \$300 maximum per [day, week or month offered in increments of \$10. ✓ per day □ per week □ per month				✓ 5% Simple ✓ See co		See compa	reed Purchase Option npany's notes, pp 103-	
✓ See notes, pp	103-121	☐ Not Availa	ble			121		
Home Care	Benefit Amo	unts		Residential (Care Fac	ility Daily E	Benefit An	nounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount		ge of the Nur	sing Home	Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% ny's notes, pp 1	□ 80% ⊻ 50% 03-121	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See co	☐ 80% ompany's not		75% 121

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$457	\$1,203	\$411	\$1,082	\$726	\$2,031	
55	\$606	\$1,515	\$544	\$1,362	\$957	\$2,517	
60	\$865	\$1,980	\$778	\$1,780	\$1,349	\$3,218	
65	\$1,304	\$2,655	\$1,172	\$2,386	\$2,000	\$4,233	
70	\$2,102	\$3,743	\$1,889	\$3,365	\$3,170	\$5,872	
75	\$3,375	\$5,348	\$3,034	\$4,807	\$4,946	\$8,122	
80	\$5,248	\$7,812	\$4,717	\$7,022	\$0	\$0	

Mutual of Omaha Insurance Company

LCA-20320

☐ See company's notes, pp 103-121

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. 4 Yrs ✓ 0 days ☐ 60 days TYPE ✓ Lifetime ✓ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$40 minimum to \$300 maximum per [day, week or month] ✓ Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75%

Waiver of Premium

60%

☐ See company's notes, pp 103-121

✓ 50%

70%

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days beyond the Elim Pd.

□ 70%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$499	\$1,543	\$416	\$1,287	\$695	\$2,147	
55	\$776	\$1,964	\$643	\$1,627	\$1,016	\$2,571	
60	\$1,116	\$2,366	\$923	\$1,956	\$1,366	\$2,895	
65	\$1,574	\$2,850	\$1,303	\$2,359	\$1,862	\$3,371	
70	\$2,416	\$4,034	\$1,968	\$3,287	\$2,762	\$4,613	
75	\$4,171	\$6,757	\$3,368	\$5,457	\$4,673	\$7,570	
80	\$0	\$0	\$5,832	\$8,340	\$8,266	\$11,820	

Penn Treaty Network America Life Insurance Company

PF3-P(CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum F	olicy benefit A	Amounts		Elimination F	erious			
✓ 1 Yr. ✓ 5 Yrs. ✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ✓ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days	✓ 90	days days 0 days	TYPE ☐ Calendar Da ✓ Service Day	
Nursing Hom	ne Daily Bene	fit Amounts		Inflation Protection				
\$50 minimum to \$500 maximum per [day, week or month offered in increments of \$10. ✓ per day □ per week □ per month				✓ 5% Compound☐ Guaranteed Pure☐ 5% Simple✓ See company's Interest Pure				•
See notes, pp	103-121	☐ Not Availa	ble			121		
Home Care	Benefit Amou	unts		Residential (Care Fa	acility Daily	Benefi	t Amounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount	•	age of the Nu	ursing Ho	ome Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% ny's notes, pp 10	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	□ 90% □ See	☐ 80 company's n	- , -	☐ 75% 103-121

Waiver of Premium

Maximum Daliay Danafit Am

If benefits are received for 90 continuous day for confinement to a Nursing Facility or Residential Care Facility and/or for Homemaker Services, Home Health Care, Personal Care, Adult Day Care or Hospice Services on a regular basis, (a regular basis is five days or more per week), we will waive the payment of premiums for the Policy and any attached riders.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	100** Day Elir	mination Period.	100** Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection No Inflation Protection		With 5% Inflation Protection	
50	\$634	\$1,392	\$601	\$1,320	\$983	\$1,966	
55	\$768	\$1,584	\$728	\$1,502	\$1,147	\$2,248	
60	\$1,056	\$1,987	\$1,001	\$1,884	\$1,547	\$2,976	
65	\$1,517	\$2,707	\$1,438	\$2,566	\$2,266	\$4,186	
70	\$2,400	\$3,994	\$2,275	\$3,786	\$3,604	\$6,133	
75	\$4,224	\$6,480	\$4,004	\$6,143	\$6,379	\$10,301	
80	\$8,266	\$11,482	\$7,835	\$10,884	\$12,786	\$19,010	

Pennsylv	ania Life Insu	rance Com	pany			P3	30 CA (Rev 1/02
This policy Non-Tax C		nprehensive L	ong-Term Care	. This is an Ind	ividual type	policy an	d is classified as
Maximum	Policy Benefit	t Amounts		Elimination I	Periods		
☐ 1 Yr. ☐ 5 Yrs. ☑ See com	☐ 2 Yrs. ☐ 6 Yrs. pany's notes, pp	☐ 3 Yrs. ☐ 7 Yrs. 103-121	☐ 4 Yrs. ✓ Lifetime	✓ 0 days✓ 20 days☐ 30 days	☐ 60 day✓ 90 day☐ 100 day	ys	TYPE ✓ Calendar Day ☐ Service Day
Nursing H	Nursing Home Daily Benefit Amounts				tection		
	ım to \$300 maxin ncrements of \$25 ☐ per week		_	✓ 5% Comp	e 🗸	See compa	d Purchase Option iny's notes, pp 103-
☐ See notes	, pp 103-121	☐ Not Avai	lable			121	
Home Ca	re Benefit Am	ounts		Residential	Care Facil	ity Daily E	Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.				Represents the Benefit Amoun		of the Nur	sing Home Daily
✓ 100%	□ 90%	□ 80%	□ 75%	✓ 100%	□ 90%	□ 80%	6 □ 75%

Waiver of Premium

□ 60%

☐ See company's notes, pp 103-121

□ 50%

☐ 70%

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

□ 70%

☐ See company's notes, pp 103-121

	20* Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Y	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	Not Available	Not Available	Not Available	Not Available	\$312	\$633	
55	Not Available	Not Available	Not Available	Not Available	\$341	\$692	
60	Not Available	Not Available	Not Available	Not Available	\$455	\$860	
65	Not Available	Not Available	Not Available	Not Available	\$774	\$1,324	
70	Not Available	Not Available	Not Available	Not Available	\$1,309	\$2,029	
75	Not Available	Not Available	Not Available	Not Available	\$2,111	\$2,998	
80	Not Available	Not Available	Not Available	Not Available	\$3,502	\$4,762	
70 75 80	Not Available Not Available	Not Available Not Available Not Available	Not Available Not Available	Not Available Not Available	\$1,309 \$2,111	\$2,029 \$2,998	

Physicians Mutual Insurance Company

P145CA

This policy f Non-Tax Qu		prehensive L	ong-Term Care.	This is an Ind	ividual t	ype policy a	and is cl	assified as
Maximum I	Policy Benefit	Amounts		Elimination Periods				
☐ 1 Yr.✓ 5 Yrs.✓ See compa	☑ 2 Yrs. ☐ 6 Yrs. any's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60✓ 90☐ 10	,	☐ Ca	YPE lendar Day rvice Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection			
\$1500 minimum to \$12000 maximum per [day, week or month] offered in increments of \$100.				✓ 5% Compound ✓ Guaranteed F			ed Purcl	hase Option
☐ per day	\square per week	✓ per montl	h	✓ 5% Simple ✓ See company's n 121			pany's n	otes, pp 103-
See notes,	op 103-121	☐ Not Availa	able			121		
Home Care	e Benefit Amo	unts		Residential Care Facility Daily Benefit Amount				t Amounts
Represents t Benefit Amou	he percentage o unt.	f the Nursing H	lome Daily	Represents the Benefit Amount	•	age of the N	ursing H	ome Daily
✓ 100%☐ 70%☐ See comp	☐ 90% ☐ 60% any's notes, pp 1	□ 80% ☑ 50% 03-121	✓ 75%	✓ 100% □ 70%	□ 90% □ See	☐ 8/ company's n	0% iotes, pp	□ 75% 103-121
Maiyor of E	Promium							

waiver of Premium

We waive premium 180 calendar days after eligible for benefits. This applys to both Facility Care and Home and Community Care and does not require any out of pocket expense.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$642	\$1,612	\$549	\$1,378	\$900	\$2,646
55	\$812	\$1,884	\$694	\$1,610	\$1,138	\$3,083
60	\$1,095	\$2,353	\$936	\$2,011	\$1,534	\$3,773
65	\$1,583	\$3,023	\$1,353	\$2,584	\$2,218	\$4,857
70	\$2,569	\$4,394	\$2,196	\$3,755	\$3,600	\$6,696
75	\$4,519	\$7,005	\$3,863	\$5,987	\$6,332	\$10,385
80	\$6,595	\$9,563	\$5,637	\$8,174	\$9,241	\$13,862